MARYLAND STATE DEPARTMENT OF HEALTH

04706

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster — LENGTH OF STAY (In this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 2.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) Route 2 - Nr Silver Run

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) ETHEL (Last) BACHMAN
4. DATE OF DEATH: (Month) May (Day) 18 (Year) 19 51
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/12/1894
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Milton J. Study
14. MOTHER'S MAIDEN NAME: Mary Zahn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Sterling Bachman, Westminster, Md. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation - Hanging.

974X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Silver Run (COUNTY) Carroll (STATE) Md.

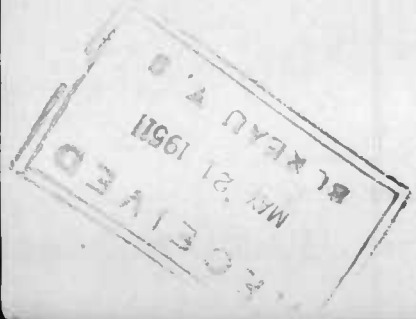
TIME OF INJURY (Month) (Day) (Year) (Hour) May 18 51 7:30 A.M. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Hanged Herself.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE James T. Round | (Degree or Title) Deputy Medical Examiner | ADDRESS Westminster Md. | DATE SIGNED May 18, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/20/51 | NAME OF CEMETERY OR CREMATORY St. Marys Union Cemetery | LOCATION (City, town, or county) Silver Run, Md. (State)

DATE REC'D BY LOCAL REG. 5/15/51 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR H. W. Little & Son; Littlestown, Pa. | ADDRESS Per P. A. Little


RECEIVED
MAY 21 1951
U.S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

04707

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (in this place) 3 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) E (Last) BAKER.

4. DATE OF DEATH: (Month) May (Day) 28, (Year) 1951

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 8-16-61

9. AGE last birthday 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John H. Baker

14. MOTHER'S MAIDEN NAME Sara Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. E. R. Isaac 2824 Mt Ave. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

4150.0 97

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED May 28/51

23. BURIAL, CREMATION REMOVAL (Specify) Buried; DATE THEREOF 5-30-51; NAME OF CEMETERY OR CREMATORY Mt Olivet; LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. May 28, 1951; REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Weant & Haight ADDRESS Sykesville, Md.

120826

MARYLAND STATE DEPARTMENT OF HEALTH

04708

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
LENGTH OF STAY (in this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) S. LaReina (Middle) Baker (Last)

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 23, 1895

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Curtis Baker

14. MOTHER'S MAIDEN NAME: Louise Wertz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-05-1567

17. INFORMANT AND ADDRESS: William Baker, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Spinal paralysis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably infection of teeth

357 82

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 6, 1951, to May 18, 1951, that I last saw the deceased alive on May 18, 1951, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE: J. N. Legg (Degree or title) M.D. ADDRESS: Union Bridge, Md. DATE SIGNED: 5-18-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 21, 1951

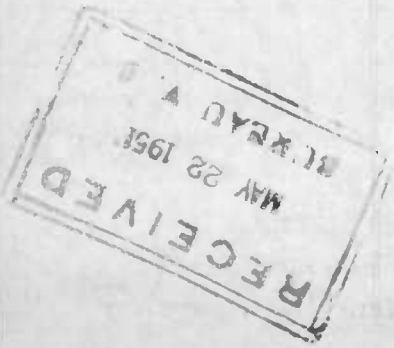
NAME OF CEMETERY OR CREMATORY: Reformed Cemetery

LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REG.: May 18, 1951

REGISTRAR'S SIGNATURE: Ethel M Melling Local

24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Maryland


RECEIVED
MAY 22 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04709

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 6 mos. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Worton
STREET ADDRESS (If rural, give location): Rt. # 2 Box # 81

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) EUGENE (Last) BANKS

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 31, 1930

9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bell Boy

10b. KIND OF BUSINESS OR INDUSTRY: Betterton Hotel

11. BIRTHPLACE (State or foreign country): Worton, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Hance

14. MOTHER'S MAIDEN NAME: Edna Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-24-1013

17. INFORMANT AND ADDRESS: Mother- Mrs. Edna Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Sept., 1, 1950
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 19 51, to May 26, 19 51, that I last saw the deceased alive on May 26, 19 51, and that death occurred at 2:50 P. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Lauer (Degree or title) M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 5-26-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/29/51 — NAME OF CEMETERY OR CREMATORY: Colemans Cemetery — LOCATION (City, town, or county) (State): Worton, Md.

DATE REC'D BY LOCAL REG. 5-26-51 — REGISTRAR'S SIGNATURE: Albert R. Sappington Deputy Local

24. FUNERAL DIRECTOR: B.R. Fellows — ADDRESS: Still Pond, Md.

790836

MARYLAND STATE DEPARTMENT OF HEALTH

04710

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastview; LENGTH OF STAY (in this place) 7 wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hale Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Gamber; STREET ADDRESS (If rural, give location) Finksburg

3. NAME OF DECEASED (Type or Print): (First) ELMER; (Middle) F.; (Last) BARNES

4. DATE OF DEATH: (Month) MAY; (Day) 10; (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 12-30-1883

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jabez N. Barnes

14. MOTHER'S MAIDEN NAME: Kitty Ellen Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Joshua L. Barnes, Finksburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis - Chronic — Interval Between Onset and Death: 1 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 443X — 93d — years

(c) Arteriosclerosis - general — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-30, to 5-10-51, that I last saw the deceased alive on 5-10-51, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James G. Ruff M. D. Reisterstown Md 5-11-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: 5-14-1951

NAME OF CEMETERY OR CREMATORY: Providence

LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: 5/12/51

REGISTRAR'S SIGNATURE: Clay Fogle

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md.

VS. A15

5102 76

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

04711

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT3

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) since 7/23/47
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 5793 Clearspring Road

3. NAME OF DECEASED (Type or Print): (First) Thomas; (Middle) Edwin; (Last) BAYSE

4. DATE OF DEATH: (Month) MAY; (Day) 20; (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 6, 1889

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Northumberland Co., Virginia

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Octavius Bayse

14. MOTHER'S MAIDEN NAME: Wilmeth Crowder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Psychosis with cerebral arteriosclerosis	4 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia-right side.	7 " "
	(c) Chronic alcoholism	27 " "

322.1
83d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---

19a. DATE OF OPERATION: ---; 19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---; (CITY OR TOWN) ---; (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 5, 1947, to May 20, 1951, that I last saw the deceased alive on May 20, 1951, and that death occurred at 11 55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gertrude M. Gross, M.D. ADDRESS Sykesville, Maryland DATE SIGNED May 20, 1951.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: 5-23-1951; NAME OF CEMETERY OR CREMATORY: LORRAINE PARK; LOCATION (City, town, or county): WOODLAWN; (State): MD.

DATE REC'D BY LOCAL REG.: May 21, 1951; REGISTRAR'S SIGNATURE: C. Harry Klee

24. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO; ADDRESS: 4905 HARFORD ROAD BALTO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04712

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster | LENGTH OF STAY (in this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 Bond St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 79 Bond St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	AGUSTINE	CASE	May	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	Single	Dec 15. 1880	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
clerk	produce Store	Westminster Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry A. Case	Mary M. Beaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	216-03-9205	Miss Helen Case, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Circulatory Failure (acute)	6 hrs
450.0 Antecedent cause(s)	116.1	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 116	(b) Esophageal Stricture & Emaciation	4-5 mo
	(c) Arteriosclerosis (Senile)	several yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1951, to May 30, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wylene Speicher		Westminster Md	5/31/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 2 '51	St. Johns Cemetery	Westminster	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/4/51	L. K. Woodward	J. S. Myers. Jr.	Westminster Md

290256

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04713

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY CARROLL COUNTY MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MILLERS; LENGTH OF STAY (in this place) 3YRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS ALESIA ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CARROLL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MILLER; STREET ADDRESS (If rural, give location) ALESIA ROAD

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) HERBERT (Last) CLARK

4. DATE OF DEATH: (Month) MAY (Day) 29, (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 10, 1893

9. AGE last birthday: 58 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): SIOUX CITY, IOWA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HERBERT CLARK

14. MOTHER'S MAIDEN NAME: JENNIE M. SPENCER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. EMMA JAY CLARK, MILLERS, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 hr

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4/20,1

94a

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23, 1951, to 5/28, 1951, that I last saw the deceased alive on Jan, 1951, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: W. W. Froard (Degree or title) M.D. ADDRESS: Manchester, Md DATE SIGNED: 5/29/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: JUNE 1, 1951 | NAME OF CEMETERY OR CREMATORY: JESSUP'S CEMETERY | LOCATION (City, town, or county) (State): JESSUPS, COCKEYSVILLE, MD.

DATE REC'D BY LOCAL REG.: 5/31/51 | REGISTRAR'S SIGNATURE: A W Eberly | 24. FUNERAL DIRECTOR ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

JT

100105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(14714)

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN - (Middle) WESLEY - (Last) COKER

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 9 1878

9. AGE last birthday: 73 yrs.

If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Agent

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Coker

14. MOTHER'S MAIDEN NAME: Caroline Kagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 215-32-3154

17. INFORMANT AND ADDRESS: Mrs John W Coker, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 3 hrs

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Insufficiency (arteriosclerosis) — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to May 28, 1951, that I last saw the deceased alive on 5-28, 1951, and that death occurred at 3:30A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Maurice C. Carter Jr. M.D | Hampstead, Md | 5/28/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: May 31 51 | NAME OF CEMETERY OR CREMATORY: Wesley | LOCATION (City, town, or county): Carroll Co (State): Md

DATE REC'D BY LOCAL REG.: May 29, 1951 | REGISTRAR'S SIGNATURE: John S. Hughes | 24. FUNERAL DIRECTOR: Edw C Tipton | ADDRESS: Hampstead Md

643846

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04715

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 E. Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 112 E. Main Street

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Hyatt (Last) Davis

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 25, 1873

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garage Owner

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Middletown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin H. Davis

14. MOTHER'S MAIDEN NAME: Rebecca Coblentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-16-1575

17. INFORMANT AND ADDRESS: Mrs. W.H.Davis Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2yrs -

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

518 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 4/ , to May 5, 19 57, that I last saw the deceased alive on May 5, 1957, and that death occurred at 4 P.m., from the causes and on the date stated above.

SIGNATURE James J. Rhoads (Degree or title) M.D. ADDRESS Westminster Md. DATE SIGNED May 6/57

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: May 8, 1951 | NAME OF CEMETERY OR CREMATORY: Westminster Cemetery | LOCATION (City, town, or county) (State): Westminster Maryland

DATE REC'D BY LOCAL REG. 5/7/57 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: John R. Byers ADDRESS: Westminster, Md.

92076

Item 18 ON:
FILM No. G 1[illegible] MAY 24 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04716

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton | LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
USLEY		DAWSON	May	3	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Sep.	August 1, 1919	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	unknown	Georgia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown	Unknown	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Far advanced pulmonary tuberculosis (5-24-51 - ams)	March, 1951
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
002X 13b	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 30, 19 51, to May 3, 19 51, that I last saw the deceased alive on May 3, 19 51, and that death occurred at 5:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Henryton, Maryland	5-3-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-12-51	McRae	McRae, Ga.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-3-51	Albert R. Swanbaum Deputy Local	Wiers & Haight	Sykesville, Md.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04717

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
LENGTH OF STAY (in this place): about 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 44 Westminsterland St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 44 Westminsterland St.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) LEE (Last) ECKARD

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 21 1890

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New London Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Weller

14. MOTHER'S MAIDEN NAME: Lydia Fritz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: W. Carroll Eckard, 44 Westminsterland St. Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of colon	?
174X Antecedent cause(s)	Carcinoma of liver	6 Mo.
486 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-7-50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of colon

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from May, 1940, to May 18, 1951, that I last saw the deceased alive on May 18, 1951, and that death occurred at 4:20 P. m., from the causes and on the date stated above.

SIGNATURE: W. C. Jamuth (Degree or title) M.D. — ADDRESS: Westminster Md. — DATE SIGNED: 5-19-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 21, 1951 — NAME OF CEMETERY OR CREMATORY: Westminster Cemetery — LOCATION (City, town, or county) (State): Westminster Md

DATE REC'D BY LOCAL REG.: 5/19/51 — REGISTRAR'S SIGNATURE: F. Elmwood

24. FUNERAL DIRECTOR — ADDRESS: J. E. Mehrer, J. Westminster Md

MARYLAND STATE DEPARTMENT OF HEALTH pc 04718

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) L. (Last) Eichner

4. DATE OF DEATH: (Month) 5 (Day) 9 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6/29/65

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Eichner

14. MOTHER'S MAIDEN NAME: Mary Lentzner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Springfield State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Embolism of the coronary artery — 1½ hours

421.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92b (b) Senile changes with mitral insufficiency — 7 years

(c) Senile psychosis — 7 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to May 9, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walther H. Sonnenfeldt M.D. — ADDRESS Springfield State Hosp. Sykesville, Maryland — DATE SIGNED 5/9/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 11/51 | NAME OF CEMETERY OR CREMATORY Laudon Pk. | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 5/11/51 | REGISTRAR'S SIGNATURE Asst. Hedrick | 24. FUNERAL DIRECTOR Henry H. Leitzke — ADDRESS 4101 Edmondson

DM

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MARYLAND STATE DEPARTMENT OF HEALTH

04719

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edmonia (Middle) — (Last) Embrey

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1951

5. SEX F. | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Feb 9 1879 | 9. AGE last birthday 72 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Limerick | 14. MOTHER'S MAIDEN NAME Sallie Ann Limerick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Mr Elbridge Jenkins - Sykesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Uterus — Interval Between Onset and Death: 4 years

174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
48b (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1951, to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
W H O Barnes MD | Sykesville Md | 5/17/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5-19-51 | NAME OF CEMETERY OR CREMATORY Mount Hope Methodist | LOCATION (City, town, or county) Morrisville, (State) Va.

DATE REC'D BY LOCAL REG. May 18, 1951 | REGISTRAR'S SIGNATURE C. Harry Klee | 24. FUNERAL DIRECTOR Klee & Haight - Sykesville, Md. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04720

Reg. Dist. No. 76

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) About 31yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 184 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 1845 Main St

3. NAME OF DECEASED (Type or Print): (First) ANNE (Middle) ELIZA (Last) FESSLER
4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1951

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct 9 1858
9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry B. Fessler
14. MOTHER'S MAIDEN NAME: Anne Eliza Wolt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Blanche R. Barr Westminster Md. Main 184 E. Main St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory failure

450.0 Antecedent cause(s) (b) Generalized arteriosclerosis — Years

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 45, to May 21, 19 51, that I last saw the deceased alive on May 21, 19 51, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE James T. Monck (Degree or title) M D ADDRESS Westminster Md DATE SIGNED 5/22/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE May 23, 51
NAME OF CEMETERY OR CREMATORY: West Minister Cemetery
LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 5/22/51
REGISTRAR'S SIGNATURE H. C. Armacost

24. FUNERAL DIRECTOR: J. E. Myers Jr. ADDRESS Westminster Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04721

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) 2 yrs, 8 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sadie	Delilah	Folkert	5	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widow	9/21/73	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Ziegler	? Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unk -	Unknown	Springfield State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary occlusion	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Generalized arteriosclerosis and cardiac	
420.1 95C (c)	hypertrophy	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/21/, 1948, to 5/22/, 1951, that I last saw the deceased alive on 5/22/, 1951, and that death occurred at 7:35 A.m., from the causes and on the date stated above.

SIGNATURE: W. W. Martin M.D. (Degree or title) ADDRESS: Springfield State Hosp. Sykesville, Maryland DATE SIGNED: 5/22/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	5-24-51	Manchester	Manchester Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 22, 1951	C. Harry Weer	Jack Winter Sons	Manchester Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04722

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-New Windsor
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--New Windsor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) A. (Last) FRANKLIN

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 5-24-1866

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Drach

14. MOTHER'S MAIDEN NAME: Ellen Lamberd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Daniel E. Franklin, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) acute Cardiac Decompensation	12 hrs
Antecedent cause(s)	(b) Cerebral Hemorrhage	14 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteria Sclerosis	5 years

331X
95c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1951, to 5-25, 1951, that I last saw the deceased alive on 5-25, 1951, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lester R. Foutz M.D. New Windsor Md. 5-25-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE: 5-28-1951 NAME OF CEMETERY OR CREMATORY: Winters LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: May 28/51 REGISTRAR'S SIGNATURE: Edwin S. Bankert

24. FUNERAL DIRECTOR: C. M. Waltz, ADDRESS: Winfield, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04723

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Linwood
LENGTH OF STAY (in this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Linwood
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) R. (Last) Garner

4. DATE OF DEATH: (Month) May (Day) 23, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 12, 1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ezra Garner

14. MOTHER'S MAIDEN NAME: Elizabeth Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Miss Isabelle Garner, Linwood, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Sigmoid	1 year
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
46e	(c) Exhaustion	2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 1950

19b. MAJOR FINDINGS OF OPERATION: C-A of Sigmoid — Colostomy

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to May 23, 1951, that I last saw the deceased alive on May 23, 1951, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE: H Lawrence Fahrney M D (Degree or title) — ADDRESS: Frederick Md. — DATE SIGNED: May 25 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 27, 1951 — NAME OF CEMETERY OR CREMATORY: Church of God Cemetery — LOCATION (City, town, or county) (State): Uniontown, Maryland

DATE REC'D BY LOCAL REG. 5/27/51 — REGISTRAR'S SIGNATURE: Margaret P. Englar

24. FUNERAL DIRECTOR — ADDRESS: C.O. Fuss & Son, Taneytown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04724

CERTIFICATE OF DEATH

Reg. Dist. No. 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester
LENGTH OF STAY (in this place): 6
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester -
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elizabeth — (Middle) — (Last) Gebhardt.

4. DATE OF DEATH: Month April — (Day) 5 — (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Feb 5 1867

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Cardiff, Wales -

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Jones

14. MOTHER'S MAIDEN NAME: Eliza Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Miss Edna Jones - Manchester, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	3 yrs
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Cerebral Arteriosclerosis	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1949, to April 5, 1951, that I last saw the deceased alive on April 5, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE: W. J. Hoard — (Degree or title) M.D. — ADDRESS: Manchester, Md — DATE SIGNED: May 5-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5.8.51 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG.: May 8/51 — REGISTRAR'S SIGNATURE: Mrs. H. P. Dennee

24. FUNERAL DIRECTOR — ADDRESS: Jacob Myers Sons Manchester Md

(M)

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04725

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 1Yr. 8Mos. 6Das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, Maryland
STREET ADDRESS (If rural, give location) 129 North Central Avenue

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) (Last) GRAY

4. DATE OF DEATH (Month) May (Day) 8, (Year) 1951

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Sept. 1890

9. AGE last birthday 60 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Johnson, South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jerry Gray

14. MOTHER'S MAIDEN NAME Saree Canton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 216-07-9482

17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — July 20, 1949

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 1949, to May 8, 1951, that I last saw the deceased alive on May 8, 1951, and that death occurred at 11: A. m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sauer M.D. (Degree or title)
ADDRESS Henryton, Maryland
DATE SIGNED 5-8-51

(T)

23. BURIAL, CREMATION REMOVAL (Specify) (Burial) Shipped
DATE THEREOF May 11, 1951
NAME OF CEMETERY OR CREMATORY Johnston
LOCATION (City, town, or county) Johnston (State) S.C.

DATE REC'D BY LOCAL REG. 5-8-51

REGISTRAR'S SIGNATURE Albert R. Swanhan
Deputy Local

24. FUNERAL DIRECTOR Malvan & Schey Inc.
ADDRESS 424 R St. N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04726

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 5 mos. 6 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore -23
STREET ADDRESS (If rural, give location) 235 N. Parrish Street

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) CARTER (Last) HAMMOND

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 11, 1927

9. AGE last birthday: 23 yrs.
If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): Essex Co., Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Carter

14. MOTHER'S MAIDEN NAME: Flossie Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 225-34-6191

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

002X

Immediate cause (a) Pulmonary Tuberculosis — July, 1950

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

13b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 19 50, to May 20, 19 51, that I last saw the deceased alive on May 20, 19 51 and that death occurred at 6:50 A. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauer (Degree or title) M.D. ADDRESS: HENRYTON, MD. DATE SIGNED: 5-20-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial. DATE THEREOF: 5-25-1951 NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 5-20-51

REGISTRAR'S SIGNATURE: Albert R Smallhamer Deputy Local

24. FUNERAL DIRECTOR: Mrs Katie R Williams ADDRESS: 322 N Schroeder St 690408

Items 18,21 Film G133 6/8/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

04727

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) (Last) Hasselman

4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 1951

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W. Divorced | 8. DATE OF BIRTH: 12-1-1874 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY: ? | 11. BIRTHPLACE (State or foreign country): Hungary | 12. CITIZEN OF WHAT COUNTRY? Hungary ?

13. FATHER'S NAME: Joseph Hasselman | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No | (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: No. | 17. INFORMANT: Records / Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	II (a) Intertrochanteric fracture of left hip	2 3 days.
443X 30b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension C-V disease	8 yrs.
	(c) Syphilitic meningo encephalitis	8 yrs ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital | (CITY OR TOWN) Sykesville | (COUNTY) Carroll | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Fell on floor-probably was bumped -pt. in wheel chair. (6-7-51 ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Marsh | (Degree or title) Deputy Medical Examiner | ADDRESS Westminster Md | DATE SIGNED 5/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 5/28/51 | NAME OF CEMETERY OR CREMATORY University Med School | LOCATION (City, town, or county) (State) Balto City

DATE REC'D BY LOCAL REG. May 28, 1951 | REGISTRAR'S SIGNATURE C. Harry Weed | 24. FUNERAL DIRECTOR Frances A Hemsley 6-78 | ADDRESS N Bridle St

510246

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04728

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: CARROLL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural - Sykesville
LENGTH OF STAY (in this place): 28 y, 6 m, 21 d
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print): (First) MARIAN (Middle) L. (Last) a HERBERT

4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 19 51

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: 1/12/72

9. AGE last birthday: 79 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Hampshire

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Bowler

14. MOTHER'S MAIDEN NAME: Ellen Lovett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute exacerbation of — 8 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic heart disease — 10 years
(c) Pulmonary tuberculosis, bilateral, minimal — since 1946

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid condition
Fracture of left humerus following cardiac syncope — 8 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19..., to 5/25/, 19 51, that I last saw the deceased alive on 5/25, 19 51, and that death occurred at 8:55 P DST m., from the causes and on the date stated above.

SIGNATURE: Henry C. Mead (Degree or title) M. D. ADDRESS: Sykesville, Maryland DATE SIGNED: 6/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 2, 1951
NAME OF CEMETERY OR CREMATORY: Springfield
LOCATION (City, town, or county) (State): Sykesville Md.

DATE REC'D BY LOCAL REG.: June 2, 1951
REGISTRAR'S SIGNATURE: C. Harry Keen
24. FUNERAL DIRECTOR: Keen & Haight, Sykesville
ADDRESS: Md.

ITEMS 8,9: affidavit of informant GEO. HOWES filmed 5-31-51 G133 L
also 11, 13, 14:

MARYLAND STATE DEPARTMENT OF HEALTH 04729

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
STREET ADDRESS (If rural, give location): Gaither Road

3. NAME OF DECEASED (Type or Print): (First) Abigail (Middle) Steele (Last) Howes

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 13 1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months 2 — Days 3 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore Co. Md. Highlandtown

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: ANDREW J. Steele

14. MOTHER'S MAIDEN NAME: Mary Rebecca Ware

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr George Howes - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary Thrombosis — Interval Between Onset and Death: 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Hypertension

420.1
94.0

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1941, to 5/14, 1951, that I last saw the deceased alive on 5/14, 1951 and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): W A Barnes MD — ADDRESS: Sykesville Md — DATE SIGNED: 5/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 18, 1951 — NAME OF CEMETERY OR CREMATORY: Lorraine — LOCATION (City, town, or county) (State): Woodlawn, Balto 7 Md.

DATE REC'D BY LOCAL REG.: May 16, 1951 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR — ADDRESS: Weer & Haight - Sykesville, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

04730

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (in this place) 3Months 29days; HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Heights; STREET ADDRESS (If rural, give location) 713 Fifty-ninth Place.

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) LEOLA (Last) JACKSON

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct. 18, 1918

9. AGE last birthday: 32 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: (Own Home)

11. BIRTHPLACE (State or foreign country): Prince George Co. Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Jackson

14. MOTHER'S MAIDEN NAME: Eleanor Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-12-4596

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: August, 1947

002X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

138

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1951, to May 7, 1951, that I last saw the deceased alive on May 7, 1951, and that death occurred at 10:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elmer P. Sauer M.D. | ADDRESS Henryton, Maryland | DATE SIGNED 5-7-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 11, 1951 | NAME OF CEMETERY OR CREMATORY Woodlawn Cem. | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 5-7-51 | REGISTRAR'S SIGNATURE Albert R. Counham Deputy Local | 24. FUNERAL DIRECTOR ADDRESS Henry S. Washington & Son 467 N 12th W.

MARYLAND STATE DEPARTMENT OF HEALTH 04731

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 2 mos. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4906 Webster Street

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) EDWARD (Last) JAMES
4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 4, 1901
9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Bricklayer
11. BIRTHPLACE (State or foreign country): Prince George Co., Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charley James
14. MOTHER'S MAIDEN NAME: Katie Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Army-II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Nov., 1950

002X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
13b
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 19 51, to May 2, 19 51, that I last saw the deceased alive on May 2, 19 51, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE Elmer P. Lawn (Degree or Title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 5-2-51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial | DATE THEREOF May 7/51 | NAME OF CEMETERY OR CREMATORY Hills Creek | LOCATION (City, town, or county) Dunkirk | (State) Md

DATE REC'D BY LOCAL REG. 5-2-51 | REGISTRAR'S SIGNATURE Albert R. Snowhouse Deputy Local | 24. FUNERAL DIRECTOR Arnold A. Johnson | ADDRESS Annapolis, Md

5045

MARYLAND STATE DEPARTMENT OF HEALTH (P) 04732

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 2
STREET ADDRESS (If rural, give location) 825 Greenmount Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WESLEY (Last) JEFFRIES

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 12, 1895

9. AGE last birthday: 55 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Gaffney, S. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Jeffries

14. MOTHER'S MAIDEN NAME: Ellen Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Army-WW I

16. SOCIAL SECURITY NO.: 223-09-7796

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	August, 1949
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 7, 19 51, to May 7, 19 51, that I last saw the deceased alive on May 7, 19 51, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elmer P. Sauer M.D. — ADDRESS: Henryton, Maryland — DATE SIGNED: 5-7-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/11/51 — NAME OF CEMETERY OR CREMATORY: [illegible] Cemetery — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 5-7-51 — REGISTRAR'S SIGNATURE: Albert R. Shankbone — FUNERAL DIRECTOR: Elroy O. Wilson — ADDRESS: 1000 Brentley ave

Deputy Local

Remarks: [illegible]

GAFFNEY SOUTH CAROLINA

470346

MARYLAND STATE DEPARTMENT OF HEALTH 04733

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton; LENGTH OF STAY (in this place): 11mths.20 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Ca; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 2; STREET ADDRESS (If rural, give location): 1200 N. Central Ave ✓

3. NAME OF DECEASED (Type or Print): (First) LEE (Middle) ROY (Last) JEFFRIES

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 14,1914

9. AGE last birthday: 37 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Contracting

11. BIRTHPLACE (State or foreign country): Roxbury, N. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Roy Jeffries

14. MOTHER'S MAIDEN NAME: Veney Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Dec.,1949
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002 X
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1950, to May 29, 1951, that I last saw the deceased alive on May 29, 1951, and that death occurred at 5: A. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Lamm (Degree or title) M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 5/29/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: June 2, 1951 | NAME OF CEMETERY OR CREMATORY: Bathoro, N.C. | LOCATION (City, town, or county) (State): Roxboro, N.C.

DATE REC'D BY LOCAL REG.: 5/29/51 | REGISTRAR'S SIGNATURE: Albert R. Swanbham Deputy Local | 24. FUNERAL DIRECTOR ADDRESS: Mrs Robert A. Elliott and Daughter 1129 Carolina St. Balti. Md.

9702446

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04734

CERTIFICATE OF DEATH

Reg. Dist. No. 83

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville
LENGTH OF STAY (in this place): 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: White Rock Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Carroll — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville
STREET ADDRESS (If rural, give location): White Rock Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ethel	Cedonia	Jenkins	May	8	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	May 8, 1905	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis Andrew Dreckshler	Laura Elizabeth Close

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Beulah Zimmon (sister), Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic carcinoma	about 1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) carcinoma, right breast	8 years
	(c)	

170 X 50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
February 1943	Carcinoma of breast	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 24, 1950, to May 8, 1951, that I last saw the deceased alive on May 7, 1951, and that death occurred at 4 45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. B. Culwell	M.D.	Mt. Airy, Md	May 8, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-11-1951	Westminster	Westminster, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 11 1951	Edna M Hewitt	C. M. Watts	Winfield. Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04735

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Md; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Levi (Middle) Henry (Last) Lauer.

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 7/24/70

9. AGE last birthday: 80 yrs. (If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Pennsylvania.

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Levi Lauer

14. MOTHER'S MAIDEN NAME: Mary Houck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 215-26-8875

17. INFORMANT AND ADDRESS: Mrs. Anna Hafer, Hampstead, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis. — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arter. Sclerotic Atrio Renal Vascular Lesions — ?

4424 / 3100

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr. 5, 1951, to May 2, 1951, that I last saw the deceased alive on 4/27, 1951, and that death occurred at 2 05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jos. E. Buckingham Hampstead Md 5/2/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: May 5/51

NAME OF CEMETERY OR CREMATORY: St Dubricius

LOCATION (City, town, or county): York Co (State): Pa

DATE REC'D BY LOCAL REG.: May 4, 1951

REGISTRAR'S SIGNATURE: John L. Hughes Jr

24. FUNERAL DIRECTOR: Edw Stapleton

ADDRESS: Hampstead Md

100105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04736

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster, R. D. 8 — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Run

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster, R. D.
STREET ADDRESS (If rural, give location) Silver Run

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Estella (Last) Lawyer

4. DATE OF DEATH: (Month) (Day) (Year) 5/23/51 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/19/1876

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Carroll County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Albert Schaeffer

14. MOTHER'S MAIDEN NAME: Mary Feiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-26-5168

17. INFORMANT AND ADDRESS: Paul E. Lawyer, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 20 minutes

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocarditis — 25 days

932 (c) arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 19 51, to 5-23, 19 51, that I last saw the deceased alive on 5-23, 19 51, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. R Fouty, MD Westminster Md 5-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/26/51 | NAME OF CEMETERY OR CREMATORY: St. Marys Union Cemetery | LOCATION (City, town, or county) (State): Silver Run, Md.

DATE REC'D BY LOCAL REG. 5-24-51 | REGISTRAR'S SIGNATURE H. Crawford

24. FUNERAL DIRECTOR: J. W. Little & Son Littlestown ADDRESS PA

By R. A. Little

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

014738

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeville
LENGTH OF STAY (In this place): 28yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeville
STREET ADDRESS (If rural, give location): Rural--Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) F. (Last) LEATHERWOOD

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 7-14-1869

9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wesley Harrison

14. MOTHER'S MAIDEN NAME: Eliza Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Winfred Watkins, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	5 days
Antecedent cause(s)	(b) Chronic Cardiac Decompensation	2 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senility	?

1343
95 C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 19 51, to May 21, 19 51, that I last saw the deceased alive on May 21, 19 51, and that death occurred at 10:15P m., from the causes and on the date stated above.

SIGNATURE: J. Stanley Grabill — (Degree or title): M. D. — ADDRESS: Mt. Airy, Md. — DATE SIGNED: May 21, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 5-24-1951 — NAME OF CEMETERY OR CREMATORY: Morgan Chapel — LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: 5/24/51 — REGISTRAR'S SIGNATURE: Thos. D. Snyder

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04737

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY CARROLL; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural - Sykesville; LENGTH OF STAY (In this place) 10 yrs. 3 mos, 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fowblesburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (Last) LE BRUNE

4. DATE OF DEATH: (Month) 5 (Day) 7 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11/19/1877

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph LeBrune

14. MOTHER'S MAIDEN NAME: ? Bradford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac infarction with rupture of left ventricle	10 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic arteriosclerotic coronary disease	indefinite
	(c) Chronic fibrous bilateral pulmonary tuberculosis	known since 1940

420.1 13b 002x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with convulsive disorder, idiopathic epilepsy — many years

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 41, to 5/7, 19 51, that I last saw the deceased alive on 5/7, 19 51, and that death occurred at 10:30 Am., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry C. Mead	M. D.	Sykesville, Maryland	5/7/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 10/51	Shiloh	Carroll Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 7, 1951	A. Harry Keen	Edw. C. Tipton, Hampstead	Md

970104

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

04739

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural, Alesia.
LENGTH OF STAY (in this place): 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural, Alesia.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Ann (Last) Lucabaugh

4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1951

5. SEX: Femal

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 2-4-1858

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Sherman

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Henry Lucabaugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio-Sclerotic Heart Disease	2 yrs
Antecedent cause(s): Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		

420.0

93d

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to May 31, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE: Maurice C. Porterfield (Degree or title) M.D. ADDRESS: Hampstead, Md DATE SIGNED: 6/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 6-2-51 NAME OF CEMETERY OR CREMATORY: Lineboro Cemetery LOCATION (City, town, or county): Lineboro Carroll (State) Md

DATE REC'D BY LOCAL REG.: June 1/51 REGISTRAR'S SIGNATURE: Mrs. W. L. Denner

24. FUNERAL DIRECTOR: Jacob Wink's Sons ADDRESS: Manchester Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04740

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A13

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
LENGTH OF STAY (in this place): 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 61 W. Main St

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) (Last) LINTON

4. DATE OF DEATH: (Month) MAY (Day) 8, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8-2-1854

9. AGE last birthday: 96 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Linton

14. MOTHER'S MAIDEN NAME: Matilda Cavey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Jesse Shipley, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 week

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

422.1
93d

(b) Cardio-Vascular Disease — 10 yrs.

(c) Senility (age 96)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1st, 1941, to date, 19....., that I last saw the deceased alive on May 8th, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: J. Billingslea — (Degree or title) M.D. — ADDRESS: Westminster, Md. — DATE SIGNED: 5-9-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 5-13-1951 — NAME OF CEMETERY OR CREMATORY: Freedom Cemetery — LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG.: 5/12/51 — REGISTRAR'S SIGNATURE: Ray Fogle

24. FUNERAL DIRECTOR: C. M. Waltz, — ADDRESS: Winfield, Md.

100105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04741

CERTIFICATE OF DEATH

Reg. Dist. No. 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester
LENGTH OF STAY in this place: 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
EFFIE - P - MARTIN	May 23 1951	F	W	Married	Oct 5 1882	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter H Wilhelm	Martha E Hale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	c	Chas E Martin, Manchester, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	16 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1935, to May 23, 1951, that I last saw the deceased alive on May 22, 1951, and that death occurred at 5:55 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Norman C. Pontefract	M.D	Hampstead Md	5/24/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 26/51	Grace	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 25/51	Mrs. Wm. Denner	Edward Tipton	Hampstead Md

MARYLAND STATE DEPARTMENT OF HEALTH

04742

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sam Woodbine MARYLAND
LENGTH OF STAY (in this place): 2 Ja
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine Rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) D. (Last) Mathis

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Feb 14 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Smedsville Penn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Mathis

14. MOTHER'S MAIDEN NAME: Beat Cark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N (If year, give war or dates of service): N

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Herbert Mathis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of throat — Interval between onset and death: Several years

148X Antecedent cause(s)

45 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 19 51, to 5/16, 19 51, that I last saw the deceased alive on 5/15, 19 51, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: H. H. Barnes (Degree or title) ADDRESS: Sykesville Md DATE SIGNED: 5/16/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: May 18 1951 | NAME OF CEMETERY OR CREMATORY: Baptist | LOCATION (City, town, or county) (State): Lisbon Howard Co Md

DATE REC'D BY LOCAL REG.: May 17, 1951 | REGISTRAR'S SIGNATURE: Stanley Klein

24. FUNERAL DIRECTOR: Roy W Barber | ADDRESS: Taylorsville

820105 MG

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

04743

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) GARFIELD (Last) MITTEN

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 19 51

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 30 - 1880

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Mitten

14. MOTHER'S MAIDEN NAME: Ida Wampler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mary B Mitten - Finksburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James T Marsh Deputy Medical Examiner — ADDRESS Westminster Md — DATE SIGNED May 31/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 2, 1951
NAME OF CEMETERY OR CREMATORY: Westminster Cemetery
LOCATION (City, town, or county) (State): Westminster, Maryland

DATE RECD BY LOCAL REG. 6/2/51
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John R. Byers
ADDRESS: Westminster, Md.

100105

MARYLAND STATE DEPARTMENT OF HEALTH

04744

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeville; LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeville
STREET ADDRESS (If rural, give location) Rural-- Mt. Airy

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALVA	W.	MULLINEAUX	MAY	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	12-29-1860	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Day	Leah Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Jesse Day, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Malnutrition	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Advanced Arterio-Sclerosis	?
	(c) Senility	?

450.0
97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 2, 1951, to May 28, 1951, that I last saw the deceased alive on May 28, 1951, and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stanley Grabill M.D.	Mt Airy - Md	5/29/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	5-31-1951	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/30/51	Thos D Snyder	C. M. Waltz,	Winfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04745

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenmount; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenmount; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Elmer (Last) Murray

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: April 2, 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ephraim Murray

14. MOTHER'S MAIDEN NAME: Caroline Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Walter Murray, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion, Acute — Interval Between Onset and Death: 12 hours

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Artio-sclerotic Cardio-Vascular Lesion — ?

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1951, to May 31, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 8:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph E. Bush MD Hampstead Md May 31, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: June 3/51

NAME OF CEMETERY OR CREMATORY: Hampstead

LOCATION (City, town, or county) (State): Hampstead Md

DATE RECD BY LOCAL REG.: June 1, 1951

REGISTRAR'S SIGNATURE: John S. Hughes

24. FUNERAL DIRECTOR: Edw Clifton

ADDRESS: Hampstead Md

364946

Item 9 on:
FILM No. G 152 MAY 15 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04746

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville LENGTH OF STAY (in this place) 2 yrs 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 3333 N Charles St

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Julia (Last) Ogle
4. DATE OF DEATH (Month) May (Day) 8 (Year) 1951

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Mar 9-1864
9. AGE last birthday 87 yrs.
If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Ogle
14. MOTHER'S MAIDEN NAME Emilie Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs Dorothy Graham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset and Death
Immediate cause (a)	Chronic Myocarditis	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Genl Arterio Sclerosis	10 yrs
(c)	Hypertension	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

443X
93d

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 24, 1949, to May 8, 1951, that I last saw the deceased alive on May 8, 1951, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE H. A. Martin MD (Degree or title) ADDRESS Sykesville Md DATE SIGNED May 8-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-11-51
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REG. May 9, 1951
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Stewart & Mowen Co. ADDRESS 108 W. North ave.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

04747

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	HENRY	OLIVER	MAY	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	Negro	Widowed	May 15, 1875	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Farm Helper	Milton, Delaware	

13. FATHER'S NAME: James Oliver

14. MOTHER'S MAIDEN NAME: Alice Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		None	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Sept., 1950
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 5, 1951, to May 3, 1951, that I last saw the deceased alive on May 3, 1951, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Lawes	M.D.	Henryton, Maryland	5/3/51

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5/7/51	University Med School	Balto City

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/3/51	Albert R. Counsman Deputy Local	Frances A Hemsley	578 W. Biddle St.

820105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04748

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural-Sykesville
LENGTH OF STAY (in this place): 1 month, 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 10503 Meredith Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DAVID	MEEKS	OWENS	5	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	married	8/1/01	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sheet metal contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Owens
14. MOTHER'S MAIDEN NAME: Melvina Denison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
581.1 Immediate cause	(a) Cirrhosis of the liver (Laennec); bronchopneumonia, bilateral, hypostatic.	Indefinite
124a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Severe second degree burns about face, scalp and hands.	Indefinite
	(c) Psychosis with chronic alcoholism with deterioration.	Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / ~~SUICIDE~~ / HOMICIDE (Specify): Burns prior to hospitalization
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from 3/29, 19 51 to 5/10, 19 51, that I last saw the deceased alive on 5/10, 19 51, and that death occurred at 6:55 DST A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gertrude M. Gross	M. D.	Sykesville, Maryland	5/10/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 12, 1951	Ft. Lincoln Cem.	Prince George County

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 11, 1951	Mary Neer	Warner E. Pumphrey Inc.	Silver Spring, Md.

290-347

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04749

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) (Last) PATTEN

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 19 51

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: Aug. 18 1887 | 9. AGE last birthday: 63 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Baltimore City | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Thompson | 14. MOTHER'S MAIDEN NAME: Lavinia Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage. — hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — longer than 11 yrs.

443X
93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Involutional psychosis, agitated type — longer than 11 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Septbr. 18 19 50 to May 3, 19 51, that I last saw the deceased alive on May 3, 19 51, and that death occurred at 5/3: noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Gertrud Sonnenfeldt M. D. | Springfield State Hospital | 5/3. 51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 5 1951 | NAME OF CEMETERY OR CREMATORY Providence | LOCATION (City, town, or county) Howard Co. (State) Md.

DATE REC'D BY LOCAL REG. May 4, 1951 | REGISTRAR'S SIGNATURE C. Harry Keen | 24. FUNERAL DIRECTOR Keen & Haight | ADDRESS Sykesville, Md.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04750

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (in this place) 83 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Henrietta (Last) Phelps

4. DATE OF DEATH: (Month) May (Day) 22, (Year) 1951

5. SEX: F. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: Feb. 8, 1868 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife. | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joshua Barnes | 14. MOTHER'S MAIDEN NAME: Catherine Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Mr. Lester Phelps - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia (Hypostatic) — Interval between onset and death: 8 days

722.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Rheumatoid arthritis

59a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1950, to May 29, 51, that I last saw the deceased alive on May 22, 19 51, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

W. A. Barnes MD | Sykesville Md | 5/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-25-51 | NAME OF CEMETERY OR CREMATORY: Springfield | LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REG.: May 23, 1951 | REGISTRAR'S SIGNATURE: C. Henry Liles | 24. FUNERAL DIRECTOR, ADDRESS: Weer & Haight - Sykesville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04751

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (in this place) 7 mos. 25 das.; HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) Rt. #2 Box #3

3. NAME OF DECEASED (Type or Print): (First) LENA (Middle) MAE (Last) PITTS

4. DATE OF DEATH: (Month) May (Day) 9, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 3, 1929

9. AGE last birthday: 22 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vegetable picker

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Berlin, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward L. Pitts

14. MOTHER'S MAIDEN NAME: Anna Mae Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	March, 1945
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 14, 19 51 to May 9, 19 51, that I last saw the deceased alive on May 9, 19 51 and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Lauer M.D. (Degree or title) ADDRESS: Henryton, Maryland DATE SIGNED: 5-9-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 5-12-51; NAME OF CEMETERY OR ~~CREMATORY~~: St. Paul Cem.; LOCATION (City, town, or county) (State): Berlin, Md.

DATE REC'D BY LOCAL REG. 5-9-51; REGISTRAR'S SIGNATURE: Albert R. Swanbeck Deputy Local

24. FUNERAL DIRECTOR: Burbage Funeral Home; ADDRESS: Berlin, Md

820105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74 — 04752

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) May (Last) Rauch
4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 1951

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 66? yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles William Rauch
14. MOTHER'S MAIDEN NAME: Ella Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Springfield State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 10 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic arthritis, hypertension — About 30 years

83a (c) Mental deficiency — Life

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to May 13, 1951, that I last saw the deceased alive on May 13, 1951, and that death occurred at 10:20 P.m., from the causes and on the date stated above.

SIGNATURE: Walther H. Sonnenfeldt — (Degree or title): M.D. — ADDRESS: Springfield State Hosp. Sykesville, Maryland — DATE SIGNED: 5/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 19 1951 — NAME OF CEMETERY OR CREMATORY: Cedar Hills — LOCATION (City, town, or county) (State): Prince Geo. Co. Md.

DATE REC'D BY LOCAL REG.: May 16, 1951 — REGISTRAR'S SIGNATURE: C. Harvey Keen — 24. FUNERAL DIRECTOR — ADDRESS: H. H. Chambers Co. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

047537 76

Reg. Dist. No. 20

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Westminster
LENGTH OF STAY (in this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Meadow View Convelsent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Detour
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) I. (Last) Reifsnider

4. DATE OF DEATH: (Month) May (Day) 17, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 19, 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel S. Null

14. MOTHER'S MAIDEN NAME: Mary I. Fair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: David B. Reifsnider, Detour, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cerebral Hemorrhage. — Interval Between Onset and Death: 2 Days

352X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
83a (c) Chronic Hemiplegia — 2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16, 1951, to 5/17, 1951, that I last saw the deceased alive on 5/17, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE: D. Luther Bair (Degree or title) — ADDRESS: Westminster, Maryland — DATE SIGNED: 5/18/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 20, 1951	Reformed Cemetery	Taneytown, Maryland

DATE REC'D BY LOCAL REG. May 19, 1951 — REGISTRAR'S SIGNATURE: Ethel M. Mehring

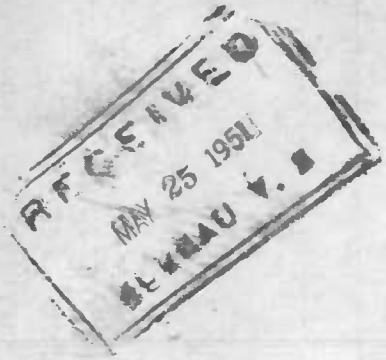
May 24, 1951 — T. C. Smouse

24. FUNERAL DIRECTOR — ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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MAY 25 1951

MARYLAND STATE DEPARTMENT OF HEALTH

04754

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 332 E. Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ERNEST EDWIN SCHAEFFER	May 3 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	W	Married	5-28-1878	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman Ret.	Creamery	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Schaffer	Jennie Dashoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No —	212-01-8708	Mary C. Schaffer 332 E. Main Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	1 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypotension	
420.1 94a	(c) Arteriosclerosis.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-1-45 19..., to 5/3/ ..., 19 51, that I last saw the deceased alive on 4/26/51, 19..., and that death occurred at 3A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Linden L. Laffell M.D.	Reisterstown Md	5/4/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 5 - 1951	Wridge Cemetery	Westminster	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/4/51	[signature]	H Bankard & Son	Westminster, Md.

680-407

Film G133 Item 18 6-18-51 GT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74 — 04755

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 2 yrs. 7 mos. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 540 North Calvert Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELWOOD	PAUL	SCHIRMER	5	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	1/13/92	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad worker
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Norristown, Pennsylvania
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13. FATHER'S NAME: Paul Schirmer
14. MOTHER'S MAIDEN NAME: Pauline Meyers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unk
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT AND ADDRESS: Springfield State Hospital, Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gastro-intestinal hemorrhage (Cause undetermined) (6-18-51 - ams)	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) II Pulmonary TBC	4 years
	(c) II Systemic syphilis	14 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Paranoid Condition	4 years

578X 308 0027

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18/48, 19..., to 5/30..., 19..51, that I last saw the deceased alive on 5/30..., 19..51 and that death occurred at 6:40 P.M. EDST, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hyers C. McCall M. D. Sykesville, Maryland 5/31/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6/3/51	University Med School	Balto City Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 5, 1951	O. Harry Rees	Frances A. Hemsley	578 W. Biddle St

970506

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04756

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R 1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finksburg, Md.
STREET ADDRESS (If rural, give location) R 1

3. NAME OF DECEASED (Type or Print) (First) MariEtta (Middle) (Last) Stocksdale

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug. 10, 1882

9. AGE last birthday 68 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Carroll County Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Emory C. Zepp

14. MOTHER'S MAIDEN NAME Mary Shilling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS W. Carroll Stocksdale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of breast — Interval between onset and death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastasis to — 1 yr

170X 50 (c) cachexia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9/1/47

19b. MAJOR FINDINGS OF OPERATION Carcinoma of left breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-30, to 5-10-1951, that I last saw the deceased alive on 5-10-1951, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE James L. Sadtler (Degree or title) M.D. ADDRESS Reisterstown Md DATE SIGNED 5-11-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 14, 1951 | NAME OF CEMETERY OR CREMATORY Westminster Cemetery | LOCATION (City, town, or county) (State) Westminster, Md.

DATE REC'D BY LOCAL REG. 5/10/51 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR John R. Byers ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04757

CERTIFICATE OF DEATH

Reg. Dist. No. 79

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural, give location) John Rd.

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Margaret (Last) Trenter
4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1951

5. SEX F — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single — 8. DATE OF BIRTH Jan 6-1920 — 9. AGE last birthday 31 yrs. — If under 1 year: Months 5 — If under 24 hrs.: Days 23 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never employed — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Fullerton — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph P. Trenter — 14. MOTHER'S MAIDEN NAME Margaret Kuhl.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Joseph P. Trenter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion — 1/2 hr.
420.1
94 a
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1946 to May 29, 1951, that I last saw the deceased alive on May 29, 1951, and that death occurred at 6-15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. W. Austin M.D. — ADDRESS Sykesville — DATE SIGNED May 29-1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 31 1951 — NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery — LOCATION (City, town, or county) (State) Belair Rd. Balto. Co. Md.

DATE REC'D BY LOCAL REG. 5/31/51 — REGISTRAR'S SIGNATURE A W Pedrick — 24. FUNERAL DIRECTOR Sassaman Funeral Home — ADDRESS 7401 Belair Rd

J.

Tucker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04758

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville
MARYLAND
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) May (Last) Tucker

4. DATE OF DEATH (Month) 5 (Day) 26 (Year) 1951

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 10-2-83 | 9. AGE last birthday 67 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Ilchester, Md. | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Jeremiah Barker | 14. MOTHER'S MAIDEN NAME Caroline Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS J. R. Tucker - Marriottsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of the Uterus	Some time
174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 48 hrs	(b) Diabetis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1951, to May 26, 1951, that I last saw the deceased alive on May 26, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE H. B. Barnes (Degree or title) M.D. ADDRESS Sykesville Md DATE SIGNED 5/31/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-29-51	Good Shepherd	Ellicott City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 28, 1951	C. Harry Weer	F. C. Higinbotham	Ellicott City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0475?

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (In this place) since 7/27/37
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 241½ E. Main Street

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) C. (Last) WAGNER
4. DATE OF DEATH: (Month) May 14 (Day) (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: July 20, 1904
9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer Land
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Carroll County, Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Jerome Wagner
14. MOTHER'S MAIDEN NAME: Carrie Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Suffocation - Epileptic seizure	minute
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Epilepsy	30 yr.
	(c)	

353.3
85

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James T. Mowad Deputy Medical Examiner Westminster Md May 15, 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 17-51
NAME OF CEMETERY OR CREMATORY: Westminster cem.
LOCATION (City, town, or county) (State): Carroll Co Md

DATE REC'D BY LOCAL REG.: May 15, 1951
REGISTRAR'S SIGNATURE: Stanley Hess
24. FUNERAL DIRECTOR: H Bankard - Sons Westminster Md
ADDRESS

820105

MARYLAND STATE DEPARTMENT OF HEALTH

04760

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; LENGTH OF STAY (In this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 3 - Sullivan Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Westminster; STREET ADDRESS (If rural, give location) R. 3 - Sullivan Road

3. NAME OF DECEASED (Type or Print): (First) GARRETT (Middle) J. (Last) WEERSING

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 18 1901

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Papers Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Holland, Michigan

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Weersing

14. MOTHER'S MAIDEN NAME: Ida Lemmen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): 1919-1923

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Garrett J. Weersing.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary artery disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) James T. Marsh Deputy Medical Examiner

ADDRESS Westminster Md

DATE SIGNED May 18, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 24 - 1951

NAME OF CEMETERY OR CREMATORY: North Holland Cemetery

LOCATION (City, town, or county) (State): Holland, Michigan

DATE REC'D BY LOCAL REG. 5/21/51

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: H. Bankard & Son Westminster, Md.

ADDRESS

097868

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04761

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hampstead
LENGTH OF STAY (in this place) 2 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hampstead
STREET ADDRESS (If rural, give location) Hampstead, Md. # 2

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) RUSSELL (Last) WERTZ
4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/30/1903
9. AGE last birthday: 47 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: David H. Wertz
14. MOTHER'S MAIDEN NAME: Gertrude Leigman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-14-9728
17. INFORMANT AND ADDRESS: Ira M Welty Hampstead Md # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Embolism — 1/2 hrs

420.1 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 94a

(b) Heart disease (Coronary Sclerosis) — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 5:10 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. C. Butterfield & Comm. Hampstead, Md 5/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE 5/24/51 NAME OF CEMETERY OR CREMATORY: Stone Church LOCATION (City, town, or county) (State): Reckless, Md.

DATE REC'D BY LOCAL REG. May 23/51 REGISTRAR'S SIGNATURE: Mrs. M. L. Dennis

24. FUNERAL DIRECTOR: H. Seefeldt & Son ADDRESS: New Park, Pa.
H. Seefeldt

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04762

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SYKESVILLE
LENGTH OF STAY (in this place): 16 yrs., 11 mos. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SWANTON, MARYLAND
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) (Last) WINTERS

4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8-16-1889

9. AGE last birthday: 61 yrs. If under 1 year: Months 9 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: J. D. RHODES

14. MOTHER'S MAIDEN NAME: HANNAH McCROBIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: RECORDS, SPRINGFIELD STATE HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary tuberculosis	4 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002X
139

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox, Hebephrenic type — 22 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11, 19 34, to 5-18-, 19 51, that I last saw the deceased alive on 5-18-, 19 51, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert C. Taylor MD

ADDRESS: Springfield State Hospital, Sykesville, Md.

DATE SIGNED: 5-18-51

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE THEREOF: 5-21-51

NAME OF CEMETERY OR CREMATORY: Westernport

LOCATION (City, town, or county) (State): Westernport, Allegany, Md.

DATE REC'D BY LOCAL REG.: May 19, 1951

REGISTRAR'S SIGNATURE: C. Harry Wiley

24. FUNERAL DIRECTOR: Bond Funeral Home

ADDRESS: Westernport, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04763

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS-A15

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mr. Woodbine
LENGTH OF STAY (in this place): 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Woodbine
STREET ADDRESS (If rural, give location): R.D. MT.Airy

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Virginia (Last) Woodward

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 51

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8-7-1859

9. AGE last birthday: 92 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Mahlon Grimm

14. MOTHER'S MAIDEN NAME: Ruth Gosnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Rosa R.Davis, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary insuficiency	2 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Advanced Arterio-sclerosis	2 yrs
	(c) Senility	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pyelo-cystitis	2 mo.

420.1
94a

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23 19 51, to May 22, 19 51, that I last saw the deceased alive on May 21, 19 51, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

SIGNATURE: Stanley Grabill (Degree or title) M.D. ADDRESS: Mt. Airy, Md. DATE SIGNED: 5/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: 5-26-1951

NAME OF CEMETERY OR CREMATORY: Mt. Olive

LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG.: 5/24/51

REGISTRAR'S SIGNATURE: Wm D Snyder

24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04764

Reg. Dist. No. 3X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
STREET ADDRESS (If rural, give location) 605 North Point Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Dey)	(Year)
Charles	J.	Wright	May	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	White	Separated	July 4- 1898	52 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer.	Odd - work.	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Wright	Anna Dominick.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Anna Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fatty Liver	
581.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 124a	(b) Chronic Alcoholism	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Dey) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William V Lovatt	MD. Asst Med. Examiner	Md.	May 22, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	May 26-1951	Sacred Heart	Dennis Hill Rd. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 24, 1951	R.W. Hedrick	John J. Connelly.	Easton Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04765

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 64 yrs 3.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 725 Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 72 Church St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ETHEL (Last) ZENDGRAFT

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19 51

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11/8/1886

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Buckingham

14. MOTHER'S MAIDEN NAME: Mary Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Stewart Zendgraft 72 Penna Ave Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Auricular Fibrillation	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease	30 yrs
	(c) Ascites & Depend Edema	2 yrs.

4 16X
95b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/15 19 49, to 5/30 19 51, that I last saw the deceased alive on 5/30 19 51, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE: (Degree or title) W. Allen Moulton ADDRESS: Westminster Md DATE SIGNED: 5/31/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 2 - 1951

NAME OF CEMETERY OR CREMATORY: Westminster Cemetery

LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG. 6/7/51

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: H B Bankard & Son Westminster, Md.